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The UK welfare system is failing claimants with mental health problems – here's what needs to be done

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Mental health is a growing concern, with up to one in two people now thought to experience a mental health problem in their lifetime. Many working-age adults experience problems like depression, anxiety, phobias or PTSD, which are worsened by unemployment. Yet there are striking discrepancies between UK welfare policy and the actual experience of benefit claimants with mental health problems.

Health and social security policy documents increasingly pledge to improve mental health and the government is trying to get more people with mental health issues into work. But in practice, mental health problems are often unrecognised, invalidated or actively harmed by work capability assessments that block access to benefits and employment services.

Our study compared 15 recent policy documents with the experiences of 144 people with a range of mental health problems (including depression, anxiety, bipolar disorder, PTSD, schizophrenia and addictions) who either receive a benefit with

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work search conditions or are in employment. Many had multiple mental and physical health problems.

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The results are clear: a troubling lack of trust, empathy and understanding is damaging vulnerable people by failing to understand the effect mental health issues can have on someone's capacity to work.

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What It's Like to Have a Mental Illness



Policy v experience

UK benefits policy contains a positive message that mental health needs to be taken seriously. It calls for the need to increase support for people with mental health problems entering, sustaining and returning to employment. The Department of Health's strategy "No health without mental health" claims:

Mental health is central to our quality of life, to our economic success and interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems that scar our society, from homelessness, violence and abuse, to drug use and crime.

Likewise, the Scottish government's mental health strategy 2017-2027 outlines:

Labour market policies should focus on assisting people with poor mental health to move from

unemployment into employment, and public health and employment initiatives must focus on assisting people to stay in work.

Meanwhile, our research confirms that the experiences of people with mental health problems using the UK welfare system are largely negative and the pressure arising from conditions and sanctions exacerbate mental health problems.

This is poignantly testified by our research participants. Craig who is employed full-time and on universal credit, while dealing with depression and stress-related disorders, says:

The only role they've had is just destroying my life, not bettering it. They're just making it harder every time ... It's driving people to depression.

Thomas, who also has depression, an incurable virus and experience of domestic violence, is claiming employment and support allowance while unable to work. His health worsened after a benefit sanction that forced him into debt and he had to use food banks. Without income, he was unable to attend hospital for treatment. Thomas says:

So you end up falling back into a deeper little hole. And then ... that hole gets bigger and bigger and you're stuck in it ... I took an overdose because of the stress.

UK policy largely assumes that a combination of support and sanctions motivates people to find employment or return to work. But participants repeatedly emphasised that this stick and carrot strategy does not work. This is the same for benefit claimants who do not have problems with poor mental health and needs to be urgently reconsidered by policymakers.



Invisible mental health

Participants complained that their mental health problems were rarely considered in the process of applying for and claiming benefits, such as in their work capability assessment or back-to-work activities. Those we spoke to were intimidated by work capability assessments that asked inappropriate questions while casting doubt over mental health conditions.

When it came to scoring their capacity for work, several participants discovered that no concession was made for their mental health problems and were found fit for work when they were not. Losing disability benefits means having to comply with pressure to find a job.

Their experiences expose the fact that the welfare system is designed to ignore mental health in practice. Everyday pressures and poverty arising from inadequate benefits and sanctions contribute to the worsening of mental health problems and actually serve to keep people away from employment. This was captured by our participant Rosie, who has depression and anxiety disorder:

I just wasn't ready to work. I'd spent years ... never in debt [then] had to leave my job and get another. I had several years of a downward spiral and, yes, being put in the group where ... you're kind of ready for work ... that wasn't the right category for me, which caused a lot of sanctions.

The failure to properly take account of claimants' mental health issues adds to the long list of failings that need to be addressed by central and devolved governments in their approaches to health, employment and social security. There is hope for improvements in Scotland, where back-to-work support services and some disability benefits are fully devolved. Positive statements in policy documents are welcome, but need to translate to real improvements for benefit claimants.

Trust must be rebuilt in social security. Mental health problems need to be properly identified and understood in terms of how they can affect a person's capacity to work, and recognised in formal assessments of people's needs.

Support needs to be empathetic and free from the threat of removing benefits. Government should enable appropriate interventions that help people with mental health problems. Specifically, individual placement and support should be fully available via UK and Scottish employability services.



Benefits Benefit sanctions mental health problems

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